

**Tickets Provided by
Agency Report**

A Public Document

TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name City of Imperial Beach Division, Department, or Region (if applicable) Street Address 825 Imperial Beach Blvd., Imperial Beach, CA 91932 Area Code/Phone Number (619) 423-8301 E-mail ibccclerk@cityofib.org Agency Contact (name and title) Jacqueline M. Hald, City Clerk		Date Stamp REC'D 2009 SEP 22 CITY OF IMPERIAL BEACH CITY CLERK California Form 802 For Official Use Only A 10:46 <input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)
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2. Event For Which Tickets Were Distributed

Date(s) of Event: 9 / 17 / 09 Description of Event: The Comedy Palace Show
Face Value of Ticket: \$ 50
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: The Comedy Palace Show
Number of Tickets Received: 12 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)


Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
David Garcias	4	5.3 (j) City employee drawing.
Larry Martin	2	5.3 (j) City employee drawing.

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: City of Imperial Beach
Name of Individual or Organization: Erika N. Ceja Number of Tickets: 6
Description of Organization: Local Government
Address of Organization: 825 Imperial Beach Blvd., Imperial Beach, CA 91932
Number and Street City State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
5.3 (h) Attracting and retaining highly qualified employees in City Service.

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

 Gary Brown City Manager 9/18/09
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)